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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In Re Application of

Applicant : R. F. BARNARD, ET AL.
Serial No. : 10/727,443
Filed : 3 Dec 2003
Examiner : SUSANNA M. MEINECKE DIAZ
Group : 3623
Entitled : SYSTEM AND METHOD FOR ONGOING SUPPORTING
A PROCUREMENT AND ACCOUNTS PAYABLE
SYSTEM
Docket No. : END919990119US2

SUPPLEMENTAL RESPONSE

Honorable Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

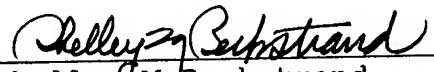
Sir:

This Supplemental Response is filed in further response to the Office communication mailed 6 Jun 2005 in the above application, for the purpose of submitting the corrected Declaration, attached hereto.

Sincerely,

R. F. BARNARD, ET AL.

By


Shelley M Beckstrand
Attorney for Applicants
Reg. No. 24,886

Date: 1 Dec 2005

Phone: (276) 238-1972

END919990119US2

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S/N 10/727,443



FEE TRANSMITTAL for FY 2005
(Large Entity)

TOTAL AMOUNT OF PAYMENT: 0

Application Number 10/727,443
Filing Date 5 Dec 2003
First Inventor R. Barnard
Art Unit 3623
Attorney Docket END919990119US2

METHOD OF PAYMENT

- ☒ IBM Deposit Account 09-0457
☐ Check
☒ Charge fee(s) indicated below
☒ Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17
☐ Credit any overpayments

FEE CALCULATION

1. BASIC FILING, SEARCH, AND EXAMINATION FEES:

	FILING FEES	SEARCH FEES	EXAMINATION FEES	
<u>Application Type</u>	<u>Fee(\$)</u>	<u>Fee(\$)</u>	<u>Fee(\$)</u>	<u>Fee Paid(\$)</u>
Utility	300	500	200	0
Reissue	300	500	600	
Provisional	200	0	0	

2. EXCESS CLAIM(S) FEES

Fee Description

Each claim over 20 or, for Reissues, over 20 and more than in the parent patent \$ 50
Each independent claim over 3 or, for Reissues, more than in original \$200

		<u>Extra Claims</u>	<u>Fee(\$)</u>	<u>Fee Paid (\$)</u>
<u>Total Claims</u>	___ - 20 or HP =	___0___	x \$ 50 =	___0___
<u>Indep Claims</u>	___ - 3 or HP =	___0___	x \$200 =	___0___
<u>Mult Dep Claim</u>				___0___

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 for each additional 50 sheets or fraction thereof. (35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).)

<u>Total sheets</u>	<u>Extra Sheets</u>	<u>Number of Additional 50</u>	<u>Fee(\$)</u>	<u>Fee Paid (\$)</u>
___ - 100 =	___0___	___0___	x \$250	___0___

4. OTHER FEES

Non-English Specification	\$130	___0___
Other: Supplemental Response		___0___

SUBMITTED BY

Signature Shelley M Beckstrand Date 1 Dec 2005
Name Shelley M Beckstrand
Registration No. 24,886
Telephone 276 238-1972



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Commissioner For Patents
P. O. Box 1450
Alexandria, VA 22313-1450

CERTIFICATE OF MAILING UNDER 37 CFR 1.8(a)

I hereby certify that the following attached correspondence
comprising:

Acknowledgment Postcard
Certificate of Mailing
Fee Transmittal
Supplemental Response
Declaration

is being deposited with the United States Postal Service as first
class mail in an envelope addressed to:

Commissioner for Patents
Mail Stop Missing Parts
P.O. Box 1450
Alexandria, VA 22313-1450

on 1 Dec 2005.
(date)

JUDITH A. BECKSTRAND
(Name of person mailing paper or fee)

Judith A. Beckstrand
(Signature of person mailing paper or fee)